Delbert Hosemann 2010 ELECTION CYCLE SECRETARY OF STATE Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election Name of Committee Committee Campaign Finance Secretary of State DATE: Email hondmace bell south. WE Treasurer / Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation) IMPORTANT 11) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Total amount of contributions \$8650. +\$ 749. \$9399. \$21649.00

Total amount of disbursements \$4170 +\$ \$ \$984.40

Total amount of cash on hand \$1,804.60

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer Date

Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, unckson, MS 39205 or fax to 801-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

	t.	\sim
1- 11 1 Th 1 F P	Page	of O
Name of Candidate or Committee to Heat John Enfunce	/	
Reporting period The 1,200 through The 30,20	TC	
ITEMIZED RECEIP	10	
Source: Corporation CPAC CIndividual CLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Ull name () () () () () () () () () (Le 15/10	\$ 2500
Mailing Address CADITOLST		\$
TACKSON, MS 39203	_'_'_	5 .
Name of Employer (Required)		\$
Occupation (Required)	Aggregate vear-to-date	\$ 2500
B. Source: Corporation PAC d_Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	1014/10	\$ 250.
Mailing Address PO BOX 1922		\$
City, State, Zip Code Roadon, MS 39043		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source: Scorporation D PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 1	687110	\$ 1500
Mailing Address Rice RC		\$
City, State, Zin-Gode RICARD, MS 39157	_1_1_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1500
D. Source: S-Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name of the state of the s	3/10/10	\$2.00.
Mailing Address Cov 470	6,4,10	\$ 200
City, State Zip Code Roandon MS 39043		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 400

Dother (please specify) The period this period thi		Page 🔾	_ of
TEMIZED RECEIPTS A source: Decreporation DPAC Dindividual Dan Date receipt his period (Mo., Day, Year) Full name UNIMAM (AII) Source: Decreporation DPAC Dindividual Dan Date (Mo., Day, Year) Full name Decreporation DPAC Dindividual Dan Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Aggregate Source: Decreporation DPAC Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Full name of Employer (Required) Decreporation DPAC Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Source: Decreporation DPAC Date (Mo., Day, Year) Full name Date (Mo., Day, Year) Source: Decreporation DPAC DATE (Mo., Day, Year) Source: Decrepor			
A. Source: PGorporation PAC Dindividual Doan Date (Mo., Day, Year)			
Other (please specify) Compatible Compa	ITEMIZED RECEIP	TS	
Other (please specify)	A. Source: Deorporation DPAC Dindividual DLoan	Date	Amount of each
Mailing Address VO3 S, State St. City, State, Zip Gode JACKSON, MS Occupation (Required) Docupation (Required) B. Source: B*Corporation PAC Individual Loan Date (Mo, Day, Year) Full name CURS/10 \$ City, State, Zip Gode JACKSON, MS 39 207 Name of Employer (Required) C. Source: Corporation PAC Individual Loan Date (Mo, Day, Year) S Aggregate (Mo, Day, Year) S Cocupation (Required) C. Source: Corporation PAC Individual Loan Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address M	Other (please specify)	(Mo., Day, Year)	this period
Mailing Address	William Gil	6 93110	1000.
Name of Employer (Required) Decupation (Required) B. Source: PCorporation PAC Individual Loan Loa	Mailing Address		\$
Name of Employer (Required) Aggregate year-to-date year-to-date Amount of er receipt this period	City, State, Zip Code JACKSON, MS	_'_'_	S
B. Source: Proporation PAC Individual Loan Date Amount of et receipt this period PAC Individual Loan Date PAC			\$
Other (please specify) Receipt this period Comparison Comparis	Occupation (Required)		\$ 1000
Mailing Address City, State, Zip Code JAKSON, MS 39, 202 Name of Employer (Required) C. Source: Groporation PAC (Lindividual Loan Other (please specify) Full name Other (please specify) Name of Employer (Required) Occupation (Required) Full name Code Aggregate (Mo., Day, Year) Source: Source: Source (Required) Code Aggregate (Mo., Day, Year) Source: Source (Required) Code Aggregate (Mo., Day, Year) Source: Source (Required) Code Code Aggregate (Mo., Day, Year) Source: Source (Required) Code Aggregate (Mo., Day, Year) Code Aggregate (Mo., Day, Year) Code Aggregate (Mo., Day, Year) Code Annount of ear receipt (Mo., Day, Year) Code Annount of ear receipt (Mo., Day, Year) Code Aggregate (Mo., Day, Year) Code Annount of ear receipt (Mo., Day, Year) Code Code Annount of ear receipt (Mo., Day, Year) Code			Amount of each receipt this period
Mailing Address (AS N. State St City, State, Zip Code JACKSON, MS 39, 2022 State, Zip Code C. Source: Corporation PAC Individual Loan		16 83 110	\$1000.
TACKSON , MS 39, 2072	X X J		\$
Name of Employer (Required) Aggregate year-to-date year-to-date (Mo., Day, Year)	TACKSON MS 39.20Z		\$
C. Source: Groporation PAC Individual Loan Date (Mo., Day, Year) Full name Town DAVISON Mailing Address 339 Sun CIAI Rd City, State, Zip Code MACHEON MS 3910 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Tull name Town DAVISON Mailing Address Sun CIAI Rd July Sun City, State, Zip Code MACHEON Aggregate (Mo., Day, Year) Tull name Town Challens July State, Zip Code July Sun City, State, Zip Code July Sun	57.4 [20.]	_/_/_	\$
Other (please specify) Date (Mo., Day, Year) Full name TON DAVISON Mailing Address Sun CIAI Rd City, State, Zip Code MACKSON, MS Date (Mo., Day, Year) Sun CIAI Rd -/_/ Sun Ciai Rd City, State, Zip Code Date (Mo., Day, Year) Amount of ear receipt (Mo., Day, Year) Amount of ear receipt (Mo., Day, Year) Full name Ton Granuland Sun Ciai Receipt (Mo., Day, Year) Sun Ciai Receipt (Mo., Day, Year) Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt (Mo., Day, Year) Sun Ciai Ramana Sun Ciai Ramana Amount of ear receipt Sun Ciai Ramanana Amount of ear receipt Sun Ciai Ramanana Amount of ear receipt Sun Ciai Ramanananananananananananananananananana	Occupation (Required)		\$1000
Other (please specify) Full name TON DAVISON Mailing Address Sun CIAI Rd City, State, Zip Code MAKSON MS 3910 Name of Employer (Required) Decupation (Required) Aggregate year-to-date PAC Individual Loan Other (please specify) Full name TON GARDENS Amount of ear receipt this period failing Address Amount of ear receipt this period failing Address City, State, Zip Code TACKSON MS	C. Source: S Corporation D PAC Midividual D Loan		Amount of each
Mailing Address Sun cliq1 Rd Lity, State, Zip Code Markon, MS 39110 Name of Employer (Required) Aggregate year-to-date Date (Mo., Day, Year) Mailing Address Full name Ton (Hodens Amount of ear receipt this period Aggregate year-to-date Amount of ear receipt this period Lity, State, Zip Code	Other (please specify)		receipt this period
City, State, Zip Code MALKON MS 39110 Name of Employer (Required) Name of Employer (Required) Aggregate year-to-date Coccupation (Required) Date (Mo., Day, Year) Full name The Grand Charles State, Zip Code The Charles State, Zip Code	JOHN DAVIDSON	R 193110	\$ 1000
Name of Employer (Required)	334 Juncial Ko		\$
Name of Employer (Required) Aggregate year-to-date Source: Corporation PAC individual Loan Other (please specify) Full name Tohn Godens Amount of ear receipt this period failing Address PO BOX 22546 Sty, State, Zip Code TACKSON, MS Aggregate year-to-date (Mo., Day, Year) Amount of ear receipt this period	City, State, Zip Code	_/_/_	\$
D. Source: Corporation PAC individual Loan Date receipt (Mo., Day, Year) The control of ear Individual Loan Date receipt (Mo., Day, Year) The control of ear Individual Loan Date receipt Individual Individual Loan Individual Individual			\$
Other (please specify) Full name John (Hodens	Occupation (Required)		\$1000
Full name John (Hodgens'' \$ 10000 failing Address DO BOX 22546'' \$ 10000 tty, State, Zip Code (Kson, MS'' \$			
Address PO BOX 22546/_/_ \$ City, State, Zip Code/_/_ \$ /_/_ \$	full name	11	2
TACKSON (VD		11	
lame of Employer (Required)	Sity, State, Zip Code		\$
	Name of Employer (Required)	11	\$
Aggregate year-to-date \$ 1000	Occupation (Required)		\$1000

	Page ,	1	_ of	1
Name of Candidate or Committee to elect John Empinge	1			
Reporting period June 1, 2010 through June 301	201	0		

ITEMIZED DISBURSEMENTS

Winning Edge Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Roy 369	01/0/10	\$ 321.00
City, State Zin Code Alexandria, LA 36250		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Full name Synthesis Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address LILAGE SQ. SUITEJ	<u>10 26/10</u>	2354,00
City, State Zip Code 3 MS 39047	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Charles Barbour	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Rox 412	6 14 10	s 1495.
TACKSON MS 39205	5 82/10	86563
Purpose of Disbursement (Optional)	Aggregate Year-to-date	°3%3.
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_''_	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$